

TRANSPORT PERMIT APPLICATION

Permit # : _____

Baca County
741 Main
Springfield, CO 81073
Phone # 719-523-6532
Fax# 719-523-6584

Transport Permit Fees
A. Single trip oversize **\$15.**
B. Annual oversize **\$250.**
C. Single Trip overweight **\$15** plus **\$5** per axle.
D. Annual overweight **\$400.**

Amount Due: _____

Applicant Contact Name: _____

Applicant Contact Phone: _____

☐ Single Trip ☐ Annual Oversize* ☐ Annual Oversize/Overweight* ☐ Annual Overweight*
* Registration Required

☐ Pre-Clearance Port: _____ Driver Name: _____

Payment Method: ☐ Cash ☐ Check

Delivery Method:

☐ Walk-in

☐ Fax Permit To: _____

☐ Mail Permit To: _____

Shipment Consists of: _____

From: _____ To: _____

Over State Highways: _____

Mobile Home Use Only

On Following Dates: _____

Serial Number: _____

Year and Make of Vehicle: _____

Tax Authentication: _____

Vehicle VIN (Last 8 Characters): _____

County Being Moved From: _____

lbs.										
ft' & in"	0	0	0	0	0	0	0	0	0	0
Axles	1	2	3	4	5	6	7	8	9	

lbs.										
ft' & in"	0	0	0	0	0	0	0	0	0	0
Axels	10	11	12	13	14	15	16	17	18	

Gross weight:	No. of axles:	Distance first to last axle:	Overall length:	Trailer length:
Front overhang:	Rear overhang:	Height (actual):	Width:	

Applicant and/or Company Name (print): _____

Telephone: _____

Applicant Address (print Street/PO Box, City, State, Zip): _____

I declare under penalty of perjury in the second degree, and any other applicable state or federal laws, that the statements made on this document are true and complete to the best of my knowledge.

Applicant Signature (Required): _____

Date: _____

Approved by: _____

Date: _____